

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: <b>5/22/17</b>		Bureau/Station/Facility: <b>South Patrol / Lakewood Station</b>		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: <b>015-13224-1352-013</b>		Date: <b>07/05/2015</b>		Time: <b>2141</b>	
City or Station: <b>Lakewood</b>		Nature of Incident: <b>Suspect Johnny Ray Anderson was shot and killed by Deputy Millan during a prowler call investigation.</b>			
Location: <b>216th Street, Hawaiian Gardens, CA</b>					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: <b>Dogrun</b>		Lighting (check only one): <input checked="" type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance:		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input checked="" type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input checked="" type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy <b>1</b>		Total # of Shots Fired by Suspect <b>0</b>			
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City		Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Home Ph	
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	<b>Jobling</b>	<b>James</b>	<b>R</b>	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Moore</b>	<b>Jeffrey</b>	<b>L</b>		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Lindblom</b>	<b>Eric</b>	<b>R</b>		

<b>PSTD Use Only</b>	
SH #	<b>2382214</b>

Rollout Information							
Arrival Date	07/05/15	Arrival Time	2330	Date Submitted	5/11/17	Date of Recommendation	
Employee #		Last Name	Flores	First Name	David	M.I.	
Employee #		Last Name	Dang	First Name	Luan	M.I.	V
Employee #		Last Name	Martin	First Name	Daniel	M.I.	W
Shooting / Force Information							

### Shooting / Force Information

## Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

## Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Brand**

Brand		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

**Caliber**

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)[illegible]

# Officer Involved Shooting Involved Employee Information

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Involved Employee									
<b>E 1</b>	Employee #	Last Name <b>Millan</b>			First Name <b>Karlos</b> M.I. <b>M</b>				
Sex: <b>M</b>		Race: <b>H</b>		Rank: <b>Deputy</b>		Unit Assignment: <b>Lakewood</b>		Work Assignment (Unit #, Module, etc.): <b>135A</b>	
ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
Hrs of sleep prior to shooting: <b>8</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age: <b>510</b>		Height: <b>230</b>		Weight: <b>230</b>		<input type="checkbox"/> Uniform no Vest <input checked="" type="checkbox"/> Uniform w/ Vest			
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	
Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9MM</b>		# Shots: <b>1</b>		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
<b>E</b>	Employee #	Last Name			First Name M.I.				
Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):	
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age:		Height:		Weight:		<input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Uniform w/ Vest			
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
<b>E</b>	Employee #	Last Name			First Name M.I.				
Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):	
ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
Age:		Height:		Weight:		<input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Uniform w/ Vest			
Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <b>0</b>	
Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			

# Officer Involved Shooting Suspect Information

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Suspect Information				
S 1	Last Name	Anderson		First Name M.I. R
	AKA Last Name			First Name M.I.
	Sex: M Race: H	Street Address: Transient	City	State & Zip Code:
	Work Phone: N/A	Home Phone: N/A	Social Security #: [REDACTED]	Driver's License #: [REDACTED]
	Age: 43 D.O.B. 07/09/71	Height: 508 Weight: 140	FBI # [REDACTED]	CII # [REDACTED]
	Booking # N/A	Primary Charge: Attempting to disarm a PO - 148(d) PC Secondary Charge: Disobeying a court order - 166 (a) (10) PC		
	Coroner Case? <input checked="" type="checkbox"/>	Coroner Case # 2015-04638	Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Methamphetamine
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input checked="" type="checkbox"/>
	Vehicle Make	Model:	Year:	
S	Last Name			First Name M.I.
	AKA Last Name			First Name M.I.
	Sex: Race:	Street Address:	City	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.	Height: Weight:	FBI #	CII #
	Booking #	Primary Charge: Secondary Charge:		
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make	Model:	Year:	
S	Last Name			First Name M.I.
	AKA Last Name			First Name M.I.
	Sex: Race:	Street Address:	City	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.	Height: Weight:	FBI #	CII #
	Booking #	Primary Charge: Secondary Charge:		
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make	Model:	Year:	
S	Last Name			First Name M.I.
	AKA Last Name			First Name M.I.
	Sex: Race:	Street Address:	City	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.	Height: Weight:	FBI #	CII #
	Booking #	Primary Charge: Secondary Charge:		
	Coroner Case? <input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>	Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make	Model:	Year:	

## Los Angeles County Sheriff's Department

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### Non-Employee Witnesses

[illegible]